

## Sponsor and Volunteer Labor and Services Worksheet

Check one:      Employee: ☐      Volunteer: ☐

I certify that the labor or service indicated above was performed and that this claim is just and correct.

Date \_\_\_\_\_

**SPONSOR AND VOLUNTEER LABOR AND SERVICES SUMMARY**

Project Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Billing Period: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Worker/Volunteer	Sponsor Cost	Volunteer Value	Fringe Benefits	Fringe Benefit Rate	Grand Total
	\$	\$	\$	%	\$
<b>Total</b>	\$	\$	\$	%	\$

I certify that the labor and services summarized above were performed and that this claim is just and correct.

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Date

Project Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_ Billing Period: from    /    /    to    /    /    .

I certify that the equipment named above was used as described and that this claim is just and correct.

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Date \_\_\_\_\_

SPONSOR AND DONATED SUPPLIES SUMMARY

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Billing Period: \_\_\_\_\_ from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Date	Supply	Usage Description	Unit Price	Quantity	Sponsor Cost	Donated Value
					\$	\$
Total					\$	\$

I certify that this is an accurate summary of the supplies used and that this claim is just and correct.

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Date

Project Number: \_\_\_\_\_ Project Name: \_\_\_\_\_  
 Project Sponsor: \_\_\_\_\_ Billing Period:    from    /    /    to    /    /   .

I certify that this is an accurate summary of the out-of-pocket costs incurred and that this claim is just and correct.

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Date